CITY OF BLOOMINGTON RENTAL PROPERTY REGISTRATION FORM

HOUSING & NEIGHBORHOOD DEVELOPMENT P.O. BOX 100 BLOOMINGTON, INDIANA 47402

TELEPHONE: (812) 349-3420 FAX: (812) 349-3582

Email: hand@city.bloomington.in.us

NOTE: An owner who resides outside the state of Indiana is required to designate an in-state agent for service of process and other notices regarding the property. At this time, you should register any other rental property, which you own or manage in the City of Bloomington.

Property Information:					
Street Address					
Primary Heat Source	# of Units	# of Bedrooms	Maximum Occupants		
*Mobile Homes Only:	Year Make/	Madal	Longth	\\/;dtb	
	Year Make/	iviodei	Length	Width	
Owner Information:					
First Name & Initial	Last Name	Ho	Home Phone & Work Phone		
Mailing Address(**If P	.O. Box, see below)	City, S	State and Zip Code		
Email Address:					
Agent Information:					
First Name and Initial	Last Name	e Ho	Home Phone & Work Phone		
Mailing Address (**If P.O. Box, see below)		City, S	City, State and Zip Code		
Email Address:					
(**) IF USING A P.O. BO	X, A STREET ADDRES	S WHERE YOU MAY	BE LOCATED MUST	BE PROVIDED	
Date		Signature Of Person Filing Form			

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MATION		
# of Units	# of Bedrooms	Maximum # of Occupants
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Property owner will receive all original correspondence and the agent will receive a copy.

Date

Signature of Property Owner (Required)